267033

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

FOR - STATE REGISTRAR

SEX

DECEASED NAME

A Charles

Briscoe 5 DATE OF BIRTH

September 10,1985 6. AGE (IN YEARS LAST BIRTHDAY)

20 DATE OF DEATH

IF UNDER I YEAR

INDUSTRY

12b. KIND OF BUSINESS OR

LA PLATA, MD. 20646

APPROXIMATE INTERVAL

MALE BIRTHPLACE (STATE OR FOREIGN

BLACK 76 CITIZEN OF WHAT COUNTRY?

MONTH JANUARY 23, 1906 MARRIED XX NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH

TYPE OF WORK FOR MOST OF WORKING LIFE!

MARYLAND 10 CITY OR TOWN OF DEATH

UNITED STATES WIDOWED

DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Charles

MONTH

a Plata

Physicians Memorial Hospital UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN

13d. INSIDE CITY LIMITS?

EXPLOSIVE WK. GOVERNMENT 13e STREET ADDRESS / ZIP CODE ASHLAND ROAD 20646

130 STATE MARYLAND 4 FATHER'S NAME

CHARLES MIDDLE

4 RACE

PLATA

LAST

15. MOTHER'S MAIDEN NAME FIRST

ALICE

MIDDLE **JOHNSON**

JOE

BRISCOE 16b SOCIAL SECURITY NO.

17 INFORMANT

BOX 2256L

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) YES 1943

IMMEDIATE CAUSE

136 COUNTY

216-38-638 JOHN VERLOW 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY.

BRISCOE

Canditions, if any, which gave rise to immediate cause (a), stating underlying cause last.

susure

OR CONTRIBUTING CAUSE OF DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Inc.

9n DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY

HOUR A.M. MONTH DAY YEAR

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

MEDIC

PM 21e. PLACE OF INJURY AT HOME STREET FACTORY, OFFICE, FARM ETC)

21f LOCATION STREET

COUNTY

NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death

22d PHYSICIAN'S NAME LTYPE OR PRINT

Michael Leatherwood

22e ADDRESS

La Plata Md 20646

PHYSICIAN M

ATTENDING

230 BURIAL CREMATION, REMOVAL BURIAL

24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY ST. JOSEPH

DEGREE

23d LOCATION CITY OF TOWN POMERET

DIRECTOR PHYSICIAN

CHARLES

STATE MD.

STATE

DHMH - 16 60M 7/84

THORNTON'S FUNERAL HOME

·M.D

POMONKEY, Md

250. DATE REC'D. BY REGISTRAR

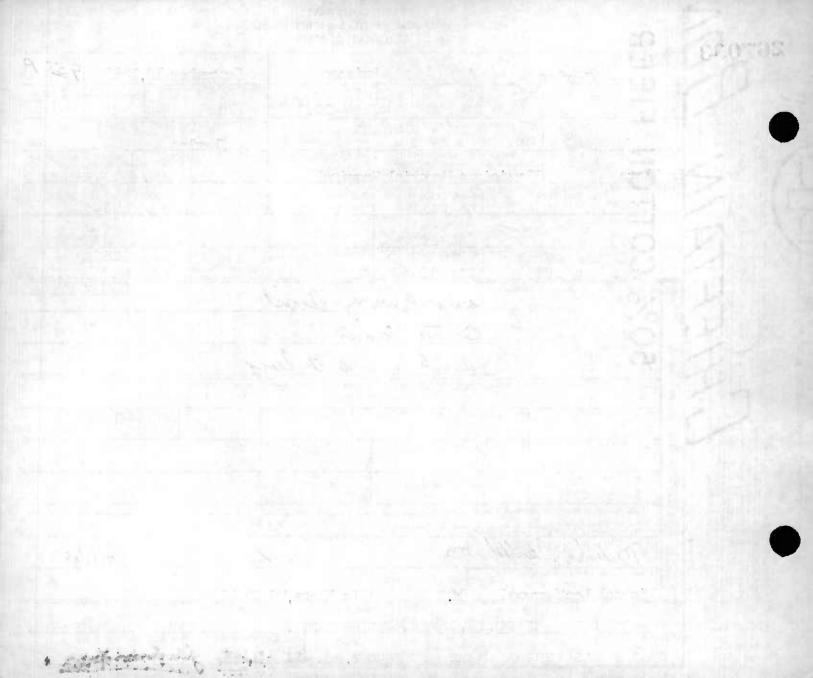
MEDICAL

200 AUTOPSY?

NO

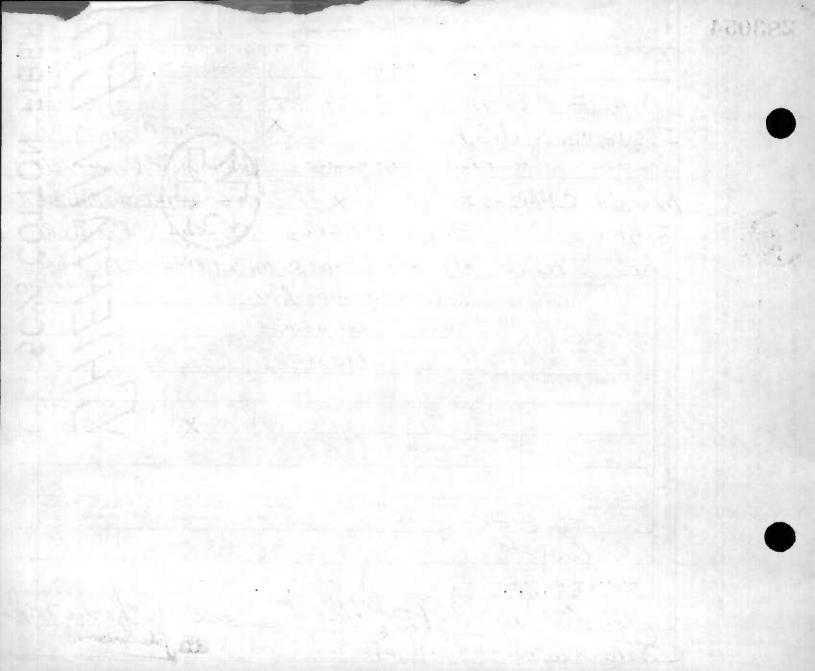
25b. REGISTRAR'S SIGNATURE

(VRA 15, 4)



				STATE OF BIRDS		
DODOEA		FOR	DEPART	MENT OF HEALTH AND MENTAL HYG	IENE	
283054	-	STATE		CERTIFICATE OF DEATH		
		REGISTRAR			REG. NO.	
		EASED NAME FIRST	MIDDLE	LAST	20 ATE OF DEATH M	POLH JAY JEAR AZE HOUR D.
sy be age 3 death	LITPE	Joseph	L.	Briscoe	September 2	29. 1985 10:20 _M
you of	3. SEX		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER I YEAR IF UNDER 24 HR
offe of	0.02	MAIT	DINOL	MONTH DAY YEAR	50	MONTHS DATS HOURS MIN.
550		146	DIACK	9 29 85	00	YRS
4 59 2/	7a. BII	RTHPLACE (STATE OR FOREIGN	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	
1 11 90	I	SSUF MY.	U.S.A.	WIDOWED DIVORCED	Charles	5 COUNTY MD.
7	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	
- 专动信力	-	La Plata	Physicians Men	prial Hospital	INPMOID	ved NoNE
120		AL RESIDENCE (IF NURSING HOME OR C	OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	LAVOI IF 10	
0 2 2 3 3 0		TATE 136 COUN	RLES ISSUE	WN 13d INSIDE CITY LIMITS?	13 STREET ADDRESS /	TOOLE MY 2N45
NA NA NA		PRYLAND CHA	TRLES 13500	YES NO I	IN I E as	-133451 B.04012
E 5 180 /1 (/	I FA	THER'S NAME	AIDOLE LAST	13. MOTHER'S MAIDEN NA	WIDDLE	C LAST C
W Man de Co	-	JAMES _	BRIS	COE HGNES	CORINA	PROCTOR
			MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRES	5
o o o o o o o o o o o o o o o o o o o	()	ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 2/8-2	4-7189 AGNEC-1	M. But/ER-	ISSUE, NJ. 20645
LTI John Henry	-		112 1100		Tr Darion 4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
BA System Sapple of the part o		18 CAUSE OF DEATH (Enter online) PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), a	D. hales A	(1)	BETWEEN ONSET AND DEATH
ST.,			E CAUSE (0) CAVOLLO	Keephary HY	25-	
PRESTON SI			DUE TO, OR AS A CONSEQU	JENCE OF 11 -1.7	L	
STC eath	57	Conditions, if any, which	(16) Mar.		5	
Tropies of		gave rise to immediate				
W. I at the series of the other	-	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	and alless		
so the			(0)			
	z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	VINAL DISEASE OR CONDI	TION GIVEN IN PART 116
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law require of ortending physician. Wher this certificate been signs the bural-transit permit. Then th and Mental Hygiene prior to be arked or frem 18 shows any injury	CERTIFICATION				Lea AUTOREY?	206. IF YES, WERE FINDINGS USED
ECC aw	V.	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?
he he ho on.	=				YES NO	YES NO
VITAL N: The consist of the consist	ı iii	21a. ACCIDENT WAS UNDERLYING			RED (ENTER NATURE OF INJURY	IN ITEM 18 PART OR PART 2)
OF V		OR CONTRIBUTING CAUSE OF DEA		19		
SICIA ing p certifing p wental- wenta	S.	(IF EITHER, NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211 LOCATION		
PHYS tendin this of the burned wed or I	MEDICAL		(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOW	N COUNTY STATE
oth oth		AT WORK AT WORK				87-
O O E		22a.1 certify that (1) (this haspit	al) attended the deceased from	HDY (19 8 2	- 10 9 - 29	, 19.85 , that (I) (we) last
R ATTEN hospital RECTOR RECTOR red for up of H ipt of H		sow the deceased alive on above, (1) (we) (did) (did not	9-99- 19.	, and that in (my) (auctopinion	death accurred on the dat	e and hour and from the causes stated
A A A A A A A A A A A A A A A A A A A	9	22b. SIGNATURE	1 .	DEGREE		221 DATE SIGNED
0 % 0 % 0 %		1 on	oft	M.D ATTENDING	MEDICAL STAFF	ANI C
		22d. PHYSICIAN'S NAME (TYPE OF	0.000.00	22e ADDRESS	LDIKECTOK PHYSICI	414
HOSPITAL ined by t FUNERAL auld be de h the Statt				1		
		Girija Rath,	M.D.	// Walderf, M	d. 20601	00
Shot of the shot o	73e. l	SURIAL CALMATION, PEMOVAL	THE PATE / A ATT	NAME OF SHAFTER HANGERY	23d LO / YON	o all I may
BP		Burial	10/3/85 P	Town show	HOOV	to harles ma
Dr	75 51	MENT DIRECTOR	11/1/10	of While In DA	HE REC'D. BX REGISTRARIZ	SH REGISTRAR'S SIGNA WIRE
DHMH - 16 60M 7/B4	1	America and Maria	XIII PADDING	C. 78 3 0 1 1	8 1085	SUREGIST PAR'S SIGNA WELL
(VRA 15, 4)	1/	agnimum	1 1 1 1 mm	yours, me		

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IMPORTANT: If he

BP.

28013

	FOR STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENES 5	25827
Carlo	REGISTRAR I DECEASED NAME FIRST	WIDDLE	LAST	REG. NO.	ONTH DAY YEAR 26 HOUR
1	(TYPE OR PRINT)	abb Ann 01:51			20 1005 5:2
1	3 SEX	eth Ann Clift	5 DATE OF BIRTH	September 6. AGE (IN YEARS LAST BIRTHD)	74 1901
	Female	Caucasian	November 21, 193	31 53	MONTHS DAYS HOURS MI
ila	TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	/2 8	9 BALTIMORE CITY OF C	YRS. COUNTY OF DEATH
7	Washington, DC	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Charles C	County
5	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS
2	LaPlata	Physicians M	eradoress) Memorial Hospita	al Child Care	ORKING LIFE) INDUSTRY Private
8	USUAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE BEFO			
55	13a STATE 13b COU				
_	Maryland Char	rles La Pla	YES X NO	Box 231, E	lm Lane (20695)
111	FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
186	James G. Finotti		Mary Adele		
O O		IVE WAR OR DATES)		ADDRESS	
E /.	No N/A	220-30-	-0910 Franklin D.	Clifton, Sr.	- Same As #13 A-
ì	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS)	inty one couse per line for (a), (b), o	+ 1111	1 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
		ATE CAUSE (0) Respir	along + Meltaple	organ farler	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DUE TO, OR AS A CONSEQ	UENCE OF		
	Conditions, if any, which	((b) milast	asis in brane		
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEO	UENCE OF		
	underlying couse last	(cancer		FLATRACTICAL.	
		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDIT	ION GIVEN IN PART 110
	20				
E	4 190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED
SWS /	191			YES T NOT	YES NO NO
50	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN	TEM 18 PART I OR PART 2)
E 1	OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
or He	(IF ETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION		
3	WHILE D NOT WHILE D	(AT HOME STREET, FACTORY, OFFICE	E, FARM ETC) STREET	CITY OR TOWN	COUNTY STATE

AT WORK 19 85 that (It (we) last 01 09/29 22a.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did no) view the body ofter death 220 DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR PHYSICIAN 09/30/85

23c. NAME OF CEMETERY OR CREMATORY

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL

(SPECIFY)

22e ADDRESS Waldorf

Maryland Veterans

236 LOCATION Cemetery, Cheltenham, Maryland

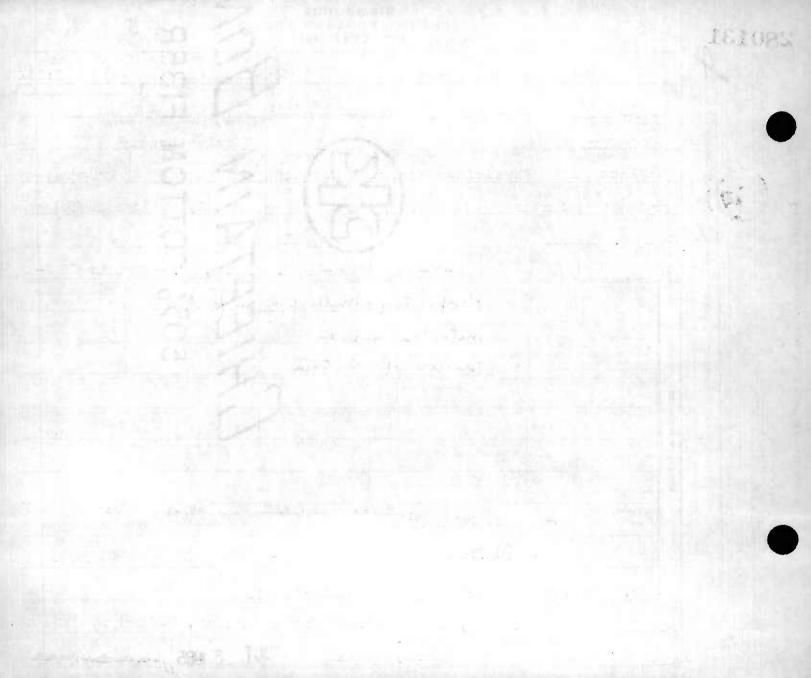
October 3, 1985 Burial Lee Funeral Home, Inc. 24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Old Alexander Ferry Road, Clinton, Maryland (VRA 15, 4) 663B

DHMH - 16 60M 7/84

Dr. Nirendra Bhaduri



TO FUNERAL DIRECTOR: Afti should be detoched for use or with the Stote Dept, of Heolth IMPORTANT: If Item 21 is mor

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

260146

	STATE	OF	MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENS
CERTIFICATE OF DEATH

5 2 5 8 2 8

		CEASED NAME	FIRST		DDLE		AST	12 16 8	2a DATE OF DEA	TH MONTH	DAY YEAR	2b HOUR
			-16	(NMN))		non"	<i>T</i>		07/0	5/85	11:40 AM
	3. SEX	M Male	4	RACE	Cau	S. DATE C		YEAR 09	75	AST BIRTHDAY) YRS	IF UNDER I YEAR	HOURS MIN.
0		RTHPLACE (STATE OR F	OREIGN 7	CITIZEN OF WI	HAT COUNTRY	? 8 MARRIE	D L NEVER	MARRIED -	9 BALTIMORE C	ITY OR COUNT	Y OF DEATH	
		SSACHUSE	TTES	(USA	WIDOWE	D	NORCED X	CH	ARLE	S C0	MD.
1	4	APLATA	TH	1. NAME OF HO (IF NOT IN SUCH F	SPITAL, NURS FACILITY, GIVE STREET		G, C	TR.	12a USUAL OCCI			Gov
-	USUA 13a S	AL RESIDENCE IF NURS	13h COUNT	THER INSTITUTION GI	VE RESIDENCE BEFO		13d INSIDE	CITY LIMITS?	13e STREET ADDR	RESS / ZIP COD	DE O	20735
2	m	No.	Van a	205	CLIN	TON	YES 🗌	NO D	19703	BEVE	RLY	AUE
1	14 FA	THER'S NAME FIRST	NKNOW	N)	LAST		15 MOTHER	S MAIDEN NA	(UNI	KNOWN)	LAS	1
2		AS DECEASED EVER	IN U.S. ARM	VAR OR DATES)	66 SOCIAL SEC		17 INFORM		A	DDR9703	Beverl	y Ave
		No	-	(013-18-	86031	(Harc	ld V.		Clint	ton, Md.	20735
		18 CAUSE OF DEATH PART I. DEATH W	I Enter only AS CAUSED IMMEDIATE	BY.	ne for 101, 161, 0	indic.	bhri	we	valler	appl	BI WEEN	MATE INTERVAL ONSET AND DEATH
					3 A CONSEO	PENCE OF	\ / -	. 1	10			
7		Conditions, if any,		(ib)_	ML	Krosch	-/a-	mo	wh	DIAN	u	
		couse (a), statin underlying couse	g the	DUE TO, OP	S A CONSEON	JENCE OF	20	With.	An)			
	NO	PART 2 OTHER SIGN	IIFICANT CO	NDITIONS CON	TRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	MINAL DISEASE OR	CONDITION GI	IVEN IN PART Tro	0
4	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDITIO	on for whic	H OPERATIO	N WAS PERF	DRMED	20a AUTOPSY	IN CERT	ES, WERE FINDIN	
7		21a ACCIDENT WAS UND		21b. TIME OF I	MONTH (DAY YEAR	21c. HOW II	NJURY OCCUR	RED (ENTER NATURE C	DF INJURY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURE		P.M.	INTITION	19	211 LOCAT	ON		1000		
	ME	WHILE I NOT WH	ILE 🗀		I. FACTORY OFFICE	FARM ETC)	STREE		CITY	ORTOWN	COUNTY	STATE
		22a I certify that (I)		1) attended the a	deceased from	1	26	10 84	10. 9	5	1085	that (I) (we) last
		sow the decease above, (I) (we) (a	d alive on _	X/ 301	19	K1.0	nd that in (my) (our) opinion	death occurred on	the date and ho		
1		226 SIGNATURE	ia) (ala not)	view the body at	терефент.		DEGREE				22c. DATE	SIGNED
1		1/10	n	97	87m	~	m	PHYSICIAN [MEDICAL PI	STAFF HYSICIAN	9/	2 182
	1	178 PHYSICIAN 5 NA	WE CIPE CH	TAW	BEV)	22e ADDRE	APC A	3	Dan		
	23a. B	URIAL, CREMATION,	REMOVAL	23b DATE	230	NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION	MAN	FOUNTY	STATE
		Buria	1	9/9/8	5 RE	Surre	ction	cem.	Clint	on, Pri	Geo., Ma	aryland
		INERAL DIRECTOR			P. U.	Box	156		TE REC'D. BY REGIS	TRAR 25b. REGIS	TRAR'S SIGNAT	URE
1	Hu	ntt Fune	ral H	ome	Waldor	T, MC	1. 206	DU SE		Filler	Davidson-A	

Waldorf. Md.2060

DHMH - 16 50M 4/83

(VRA 15, 4)

Funeral Home

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26301	1		FOR STATE REGISTRAR		CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	5 8 3 0
) sp /			OR PRINT) REASED NAME FIRST MARY	ROSE		YETTE	20. DATE OF DEATH MONTH	/85 6:30 a.
ctor. pogg		3. SEX	Female	Caucasian	5. DATE O	DE BIRTH YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
nerol dire	8	a BIF	RTHPLACE (STATE OR FOREIGN OUNTRY) MASSACHUSETT	76 CITIZEN OF WHAT COUNTRY?	8	9/18/1897 D NEVER MARRIED DIVORCED DI	87 9. BALTIMORE CITY OR COUNT Charles	YOF DEATH S County MD.
1	0		dian Head	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Rt. 1, Box 14	ADDRESS)	or other institution	12a USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WORKING LI HOMEMaker	176. KIND OF BUSINESS OR INDUSTRY Own home
	9	13a S	MD Cha	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION!	134. INSIDE CITY LIMITS? YES NO TO TO TO THE NOTHER'S MAIDEN NA	130 STREET ADDRESS / ZIP COD Rt. 1. Box 1	49 20640
and comple	1		Abraham (AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES GIV	MOP RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES)	IRITY NO.	Victori 17. INFORMANT daug	a	Foisey
he death certificate be the ottending physician emove corbon popers motion, or removal.			NO ——— 18 CAUSE OF DEATH IEnter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stating the	DUE TO, OR AS A CONSPORTE	PEST	PIRATORY TUE CARD	ARREST ACPAILLURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
on. hos been signed by the permit. Then pleose rem are prior to buriol, cremows any injury, or other the sone prior to buriol.	9	CERTIFICATION	PART OTHER SIGNIFICANT OF A PART A SIGNIFICANT OF A PART OF OPERATION	1 10 CARO	DEATH BUT QEA OPERATIO	NOT RELATED TO THE TERM TO WAS PERFORMED	IN CERTI	VEN IN PART 165 CTIOUS IS, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES IN
NDING PHYSICIAN: The continuing physicic of a free this certificate use as the buriol-transit teolth and Mental Hygist is marked or item 18 sha	7	MEDICAL CERT		ATH HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F. ital) ottended the decased from	ARM, ETC.)	211. LOCATION STREET	RED (ENTERNATURE OF INJURY IN ITEM 18	PART LOR PART 2) COUNTY STATE . 19, that (1) (==) lost
TO HOSPITAL OR ATTE efound by the hospital DIRECTO should be detoched for with the Store Dept of himportant: If tem 21	1		sow the decreased alive on obove, (I) (was edid to decreased alive on obove, (I) (was edid to decreased alive on obove, (I) (was edid to decreased alive on obove on	or PRINT)		ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN Cles Profession Norf, MD 20601	onal Center
BP		14 FU	URIAL, CREMATION, REMOVAL BUTIAL NERAL DIRECTOR IUNTT FUNETAL	9/17/85 Ca			23d LOCATION CITY OF TOWN Winchendon TERECO. BY REGISTRANY M. PECIS	COUNTY STATE Mass TRAR'S SICKN TURE
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Saniach K. Vishre, N. D.

Saniach K. Vishre, N. C. Vishre, N. C.

Termine Professional Canter

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTI WELBY TURNER 1985 September 4 4 RACE 3 SEX 5 DATE OF BIRTH & AGE UN YEARS LAST BIRTHDAY IF UNDER 1 YEAR August 9. 1924 Male Caucasian BIRTHPLACE (STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED ENEVER MARRIED Charles County WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (Type of work for most of working life)
Dairy worker Route 2, Box 147 Waldorf Embassy Dairy UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

STATE

136 COUNTY

136 CITY OR TOWN Waldorf 13d INSIDE CITY LIMITS? Rt. 2, Box 147 Charles 20601 FATHER'S NAME MIDDLE Starkey Welby Gray, Ruth Sr. Turner 17 INFORMANT ADDRESS 160 WAS DECEASED EVER ME SOCIAL SECURITY NO. Spouse Joyce Grav same as 13 Yes 579-24-6239 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for in 1) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY STATE CITY OF TOWN AT HOME STREET FACTORY, OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from \$4-32 saw the deceased alive on \$4-32 saw the deceased alive saw the deceased alive on 8 - 21 and that in (my) (our) opinion death accurred an the date and hour and from the causes stated abave, (1) (we) idid idid not view the bady after death. 22b. SIGNATURE DEGREE 221 DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D Waldorf Medical Park Rt. 301 South Box 8 &9 R. Timothy Pace, M.D. 23e. BURIAL, CR. WALL N, REMOVAL 23b. DATE Burial Paul's Cemetery 9/6/85 Charles Waldorf 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84

(VRA 15, 41 Funeral Home.

Waldorf

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THE RESERVE OF THE PROPERTY OF

35000	1	FOR STATE		DEPARTMENT OF H				2	15	3 3 2	<i>P</i>
259093	1	REGISTRAR	ME	DICAL EXAMIN	ER'S C	ERTIFICATE (OFBEATH	REG.	NO.		COTTO
/		EASED NAME FI	RST	MIDDLE		LAST	20 D	ATE KNOWN OF ESTI-	MONTH	OAY YEAR	26 HOUR
No. 12 Stark		PET	ER L	eander	GR	INDER S		ATH MATED	0 9	4 1985	M
J. C.	3.5E)		5. DATE OF BIRTH	YEAR LAST BIRTHDA	RS IF UN	DER 1 YR. IF UNDE	R 24 HRS. 2c.	DATE	HTMOM	DAY YEAR	
N 200 PR	MA	LE WHITE		1/16 68 YR	, mornin	S DAYS HOURS		NOUNCED DEAD	9	4 1985	9P M
SZES/1/	7a BI	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF W		8. MARRII	ED NEVER MARI	PIED 9. BA	LTIMORE CITY	OR COUN		
DEE.		ARYLAND	U.S.A.		WIDOW		[]	narles (County	7	MD.
B = B		TY OR TOWN OF DEATH	II. NAME OF HO	SPITAL, NURSING HOME	OR OTH		12a USUAL O	CCUPATION (TYPE OF WORK	126. KIND OF B	
1		La Plata		acility, give street address) ans Memorial	Hos	p. (DOA)	SUPER	INDEN	DENT	LONSTR	DCTIO
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× 1	16a. V	VAS DECEASED EVER IN U.	S. ARMED FORCES?	166. SOCIAL SECURITY	NO.		(WIFE)	ADDŖE			
1/		YES UNKNOWN	S, GIVE WAR OR DATES)	579-16-5	304	MRS. RI	UTH C.	GRIND	ER S	SAME AS	13
+		18 CAUSE OF DEATH (En	ter only ane couse per line	e for (a), (b), and (c).)						APPROXIMA BETWEEN ONS	TE INTERVAL
		PART I DEATH WAS C	AUSED RY.	rteriosclero	tic	cardiovaso	rular di	92592		BETWEEN ON S	EI AND DEATH
86.28		11404		AS A CONSEQUENCE C							
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SE USED AS A BUCKILL I KAI IT OF HEALTH AND MENTAI SURIAL, CREMATION, OR R		lying couse last.	(4)								
ATIC		PART 2 OTHER SIGNIFICANT CONC	HITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE	OR CONDITION GIVEN IN P	ART 1 a				
REM	No.										
ु ल	Ĭ	190. DATE OF OPERATION	196 COND	TION FOR WHICH OPER	ATION W	AS PERFORMED?				20 AUTOPSY	(3
DI PRIOR TO BURIA	三	State of the state	700							YES 🗆	NO 🛂
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(AL	UNDERLYING OR		A. MONTH DAY YEAR	-						
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	X	WHILE NOT WHILE	E STREET, FAC	TORY, FARM, ETC)	5	TREET	CITY	OR TOWN	co	YTHUC	STATE
		AT WORK - AT WORK					G-7				
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		death resulted fram: A	Natural causes X	Accident , Sui	cide	Homicide	Undetermini	ed monner],		
Š		A A	MACL			TITLE (SPECIFY)					
- 1	1	SIGNATURE	100	XX	, M.	D. Assista	nt MEDICAL	EXAMINER	DATE	ED 9-5-8	5
BALTIMORE, MARYLAND, 21201 P		EXAMINER'S NAME 7	\		1					- 0100	1
1		(TYPE OR PRINT)	thn M. Dixon	, M.D.		ADDRESS 111	Penn St	., Balt	to., M	(D) 2120	1
		URIAL, CREMATION, REMO		23c. NAME OF CEM			23d LOCATI		- con	INIX	TATE
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(5))	HI	JNTT FUNERA	L HOME W	ALDORF, MD	. 20	601 SE	r 11 1	185 Trok	a Davido	son-Mandel	N.

STATE OF MARYLAND

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- H. G. G. GARLJY HOL

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VEX . ULX X EDG-16-3304 NES. TOTH C. CHINDER SAME ASKNI

BUNDAL SEPT. 7/85 THINITY HALL SALEDRE CHARLES NO.

BEN KUE . 1. E HUMIT FUNERAL HOME WALDONE, IV. 20601 TELL SEE ANDROUGH

MANYLEND CHARLES NUMBERVILLE AND THE STATE TO BEEN 175 COMMITTED

St Peter's Cem

D. Box 156

Waldorf, Md. 20601

Waldorf,

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Charles, Marylan

9/10/85

Burial

Huntt Funeral Home

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

7 1 1 1 1 1 1 1 1 Caucastan Nov 24, 1924 M 63 Pearly and the mark a serie of a North and the property of the pearly of January . L. Mind John J. (Leberrason Cthu ea ames) aszniff J turbina (6) -- CJ-ers -- -Sortal totales a contrat of the contrate of th Prince to the state of the stat

DHMH - 16 60M 7/84 (VRA 15, 4)

W. Clarke Mattingley

Burial

24. FUNERAL DIRECTOR

9/19/85

Leonardtown,

Woodburn Hill

Cem. Woodburn Hill

St. Marys

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WE WOLLD		death resulte	ed fram Natur	ral causes 🔲,	Accident	X Su	icide	Hamic	ide 🔲,	Undeter	mined mar	ner	1+			
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AOUID BE	13a S		113b COUN	OR OTHER INSTITUTION, GI TY rles	134 CITY OR T	OWN	13d. INSIDE (I	TY LIMITS? 13e ST	TREET ADDRESS	x-36G	/ 20601	
7	14. F/	ATHER'S NAME		MIDDLE	LAST		15. MOTHE	R'S MAIDEN NAM	AE MIDDLE		LAST	
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681/		ES, NO, OR UNKNOW	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b SOCIALS		17 INFORM		AD	DRER t-	4 Box-3	36A
SI /		No	-				OGrac	e A. Mo	Donald	Walı	dorf, Mc	206
9		18. CAUSE OF	DEATH (Enter on	ly one couse per line	for (o), (b), ond	(c).)			-//-		APPROXIMAT BETWEEN ONS	ET AND HAT
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d	F	IN. DATE OF	DIERATION	198. CONDI	IION FOR WHIC	H OPERATION	WAS PERFOR	MED?			20 AUTOPSY	
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	¥	WHILE AT WORK	NOT WHILE X	70	IORY, FARM, ETC.)	N	street 1idway 1	TRailer I	Park off	Rt 3	801, Waldo	orf.
D, 21		220 Leartify	that I took chara	e of the remains de	4		topsy ,	Inspection XX	Inquiry .	Charle	es Co., Mo	
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DEATH.				00	11						51125	
3		EXAMINER'S N (TYPE OR PRIN		nis F. Sn	iytk, M.I	D	ADDRESS_	lll Penn	St., Bal	to., M	Md. 21201	L
PAR =	(5	SPECIFY)	ION, REMOVAL 2				Y OR CREMATO	CI	LOCATION TY OR TOWN			STATE
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James P. Februard

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T PENED	ITY OR TOV	VN OF DEATH		SPITAL, NURSING HO		RINSTITUTION		OCCUPATION (TYPE	OF WORK 121	OR INDUST	
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# 448 M	Va. M		P.6.	Seat Ple	asant	YES X NO	612	3rd Pl.	9605	Ox Rd	1
A FINDEN	FATHER'S NA	ME	MIDDLE	ŁAST	477	15. MOTHER'S MA	IDEN NAME	MIDDLE		LAST	
AN PER PER	Char			Murden		Doris		В.	Le	gges	
THAN SECTION S	(YES, NO, OR UN		E WAR OR DATES)	16b. SOCIAL SECUR		17. INFORMANT		ADDRESS		// 4.0	
A STAND	Yes		7-1970	579-64-	4999	Donna	v. Murc	len-Same	as i	# 13 8	above
r/acisc		E OF DEATH (Enter o I DEATH WAS CAUS		ne for (a), (b), and (c).)						BETWEEN ONSE	ET AND DEATH
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S CETTFICATE STITING THE WEBED TO THE SES 354-OULD E DEPARTMEN	3 UNDERLY CONTRIB	ING OR UTING CAUSE O	F DEATH ? P.	м. 9-18- 19	85 Sub	ject fel:	l off bo	at into v	vater.		
S S S S S S S S S S S S S S S S S S S	CONTRIB 21d INJU	RY OCCURRED	STREET EA	E OF INJURY (AT HOME,	5	TREET	СП	Y OR TOWN	COUNT		STATE
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ORW.			rge of the remoins d	escribed above, held or	OI Autop	Liverpoo	tion . Ir	iquiry . on	d in my opini	on	
- NATH STAN	death re	sulted from: Not	turol couses .	Accident X,	Suicide	, Homicide	, Undetermi	ned monner .			
AND SERVICE OF SERVICE	California .	An a	00	7		TITLE (SPECIFY)					
Z HANDEN	SIGNATU	RE /	1	1	м	D. Assista	ntMEDICAL	EXAMINER	SIGNED.	9-22-	85
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TO ME PAGE TO FU	TYPE OR	PRINT) ALL	n M. Dixo			ADDRESS.	L Perm S		טויו וייר	21201	
200000	BURIAL ORE	MATION, REMOVAL	9/27/8:	23c. NAME OF		FH. PAKK	CITY OR TO	WN	COUNTY	. 12	STATE
1077 7BP 77	24. FUNERAL D	RECTOR	1/2/10.	MARTIE	~7 2010			DOVER	STRAR'S SIG	NATURE .	
DHMH - T7 IVP ATS ME ISH	W S L	LASHINGT	DN + SONS	55 4925 BURK	OUGHE	AVE NOCT	02 198			- Brodel	
(VK A15 ME (5))	17.0.4	4-40111-01		7 2000	- a - aul?	Ac. Ac.	- 2 100	Tuna	WILLIAM And	A. Mandal	00

Banned . Large street realizable ver Serviced (system of bonce) - hinder-solte age 11 above 9/27/25 MINNER REFERENCE CHURCH POST NOTES Della Service and the service of the FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

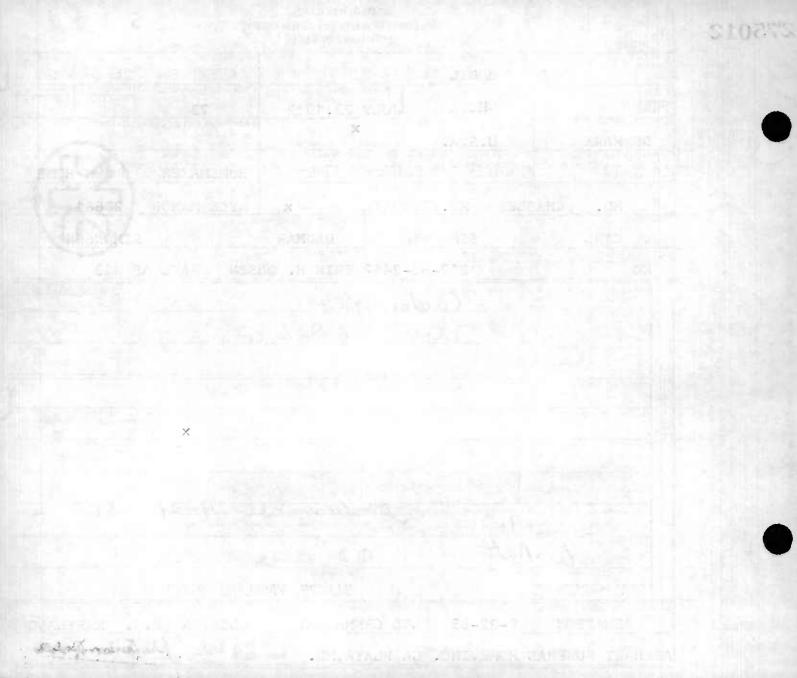
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(I TP)	E OR PRINT)	ANNA	BOI	DIL	0	DLSEN	SEPTEMBE	R	21	85	12:2	29 P
3. SE	Х		4 RACE		5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER	YEAR	IF UNDE	R 24 HRS.
	MALE			ITE	JULY		73	YRS	MONTHS	DAYS	HOURS	MIN.
	IRTHPLACE I STATE C	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY OF	COUNT	Y OF DE	ATH		
	DENMARK			S.A.	WIDOW	DIVORCED	CHARLES				-	MD
	ITY OR TOWN OF D					OR OTHER INSTITUTION	120 USUAL OCCUPATION			KIND O USTRY	F BUSIN	ESS OR
	PLATA			ANS MEMOI	RIAL	IOSPITAL	HOMEMAKE	R	O	WN	HOM	E
13a. S	AL RESIDENCE (IF NO STATE MD.	136 COUN		13c. CITY OR TOW MT.VIC	/N		13e.STREET ADDRESS / NYCE MAN			661		1
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Ióa V	VAS DECEASED EVE			166 SOCIAL SECT	JRITY NO.	17. INFORMANT	ADDRES	SS			-0.	
(,	NO OR UNKNOWN)	(IF YES GIV	E WAR OR DATES)	217-80	-2442	ERIK H. OL	SEN SAM	E AS	3 #1	3		
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CERTIFICATION												
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	OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH D	AY YEAR							
0	(IF EITHER NOTIFY ME				19							
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	sow the deced	sed olive on,	view the body	ofter death	85 or	nd that in (my) (a) opinion	death accurred on the dat	e and hou	ur and fic	om the o	causes st	roted
	22b. SIGNATURE	17	A AL			DEGREE			220	DATE	SIGNED	
	1000	KND	Jach		1	N.D. ATTENDING PHYSICIAN S	MEDICAL STAFF	AN \square				
	22d. PHYSICIAN'S I	VAME (TYPE O	R PRINT)			22e ADDRESS					. 11	
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FUNERAL HOME, INC. LA PLATA, MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

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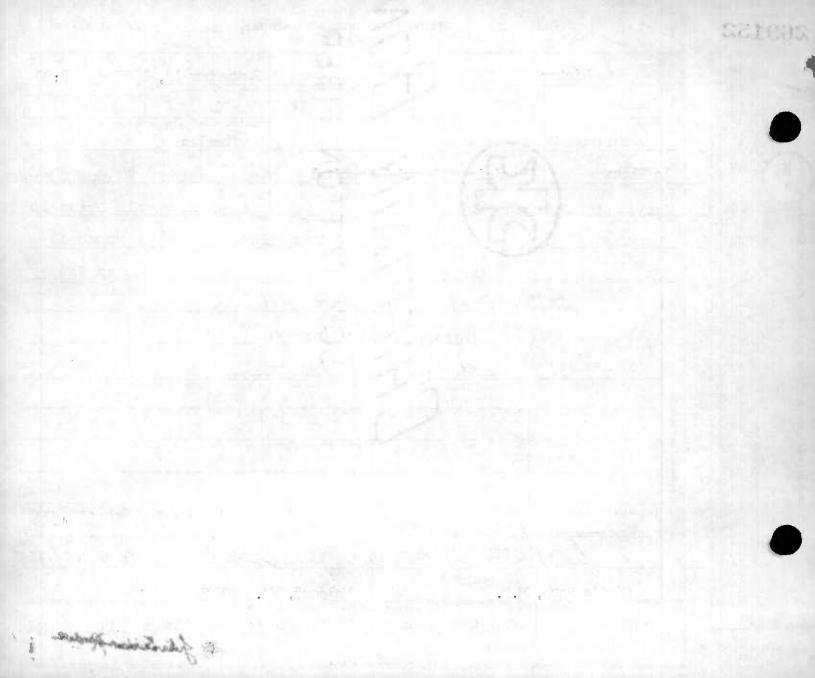
24 FUNERAL DIRECTOR



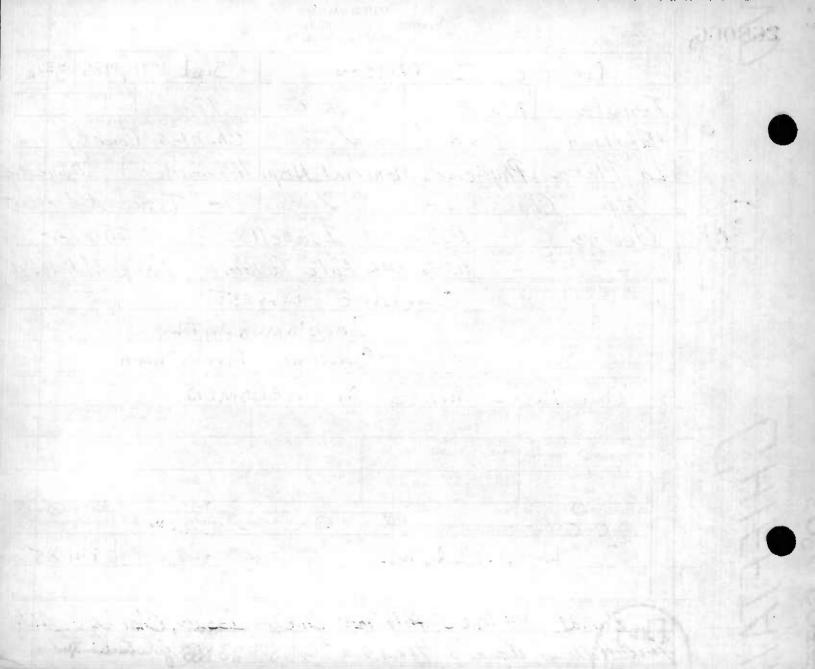
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	1	Marylan	d	USA			WIDOW		DIVORC			arles		unty,		MD.
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NORE, MD. R DEATH, IF AGES 1, 2, RW PM 3, N OF WIAN	α	ATHER'S NAME FIRST		MIDDLE		LAST		15 MOTHE	ER'S MAIDE	NAME	м	NDDLE			LAST	
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MAC AND A STATE OF THE STATE OF	7 16a. \	WAS DECEASED	EVER IN U.S. ARA	WAED FORCES?	166 SOC	CIAL SECURIT	Y NO.	17. INFORA	THAN			ADDRE	SS P.	0. 1	Box 1	54
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WITAL RECORDS, 201 SHOULD BE EXCUTE ORD "FEMDING" IN CHE WEDD AS A BURIAL IT OF HEALTH AND MI		PART 2 OTHER SIGN	IIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERM	INAL OISEASE	OR CONDITION	N GIVEN IN PAI	RT 1 (a),				46,11		
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TO MEDICAL EXAMINEE: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH LIFE ST ARTER DEATH, WITH LIFE ST BAST MANCHER MARY/MINEST	1	EXAMINER'S N (TYPE OR PRIN	AME HON	Mahan-	Hatt			ADDRESS	1541	Bos	, wie	1 6	Plat	9	N9 50	164-6
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269152	1.	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	GIENE 3 S	2 3 0				
7		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR a			
1 4 55		Victo	or E	Snyde	er	September		2;00 M			
M 8 53	3. SE		White		ATE OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY) IF UNDER 1 YE				
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4 25/1	4	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	DUNTRY? 8 MA	RRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
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1 11/4	V		(IF NOT IN SUCH FACILITY, O	SIVE STREET ADDRES	ME OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUST				
1 1 9	and the second	A Plata	Physicians			Meat Cut	ter Re	tail Food			
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MON Burd		YES NO OR UNKNOWN) IF YES.	GIVE WAR OR DATES)	-01-90		Snyder	Same as	± #13			
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A Contract of the Contract of		PART I. DEATH WAS CAU		in Di	biralmy Gyre	2	BETWE	EN ONSET AND DEATH			
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STO		Canditions, if any, which	DUE TO, OR AS A CO	DNSEQUENCE !	main damas	°C.					
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO		DE , //						
Two that the conflictions of the conflictions		underlying cause last.	Cer	olia (28 Thethoric	-1					
20	1.	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUT	ING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART	110			
DIVISION OF VITAL RECORDS, 201 W. PRESTON S. NO PHYSICIAN. The low requires, that the death cart otherding physician. The this certificate has been signed by the attending the sub-buried insustry person signed by the attendent th and Mental Hyganic prior to buries cemper carbon th and Mental Hyganic prior to buries. Commotive or orked or them 18 showyeapy injury, or other traumatic e-	CERTIFICATION										
1 1110	CA	190 DATE OF OPERATION	196 CONDITION FOR	R WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU	IDINGS USED SES OF DEATH?			
A 40 40 44	1					YES NO	YES 🗌	NO 🗌			
N A STATE OF	11723	? 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF		NTH DAY Y	21E HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I OR PART	2)			
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HOSPIT HER DY FUNER OF THE SITE OF TAN SIT		Girija Rat	-h ·M ·D		Waldorf.	Md. 20601		, 4			
58 581 3+	23a	BURIAL, CREMATION, REMOV		73c NAME	OF CEMETERY OR CREMATORY						
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When the same of t		INEPAL DIRECTOR				ATE REC'D. BY REGISTRA	THE RESERVE OF THE PARTY OF THE	Md			
DHMH - 16 60M 7/84 (VRA 15, 4)		Funeral I		Suitla	nd Md SEI	18 1955	The state of				



_		CEASED NAME OR PRINT)	FIRST	MIE	DDLE	ī	ASI	REG. N		DAY YEAR	26 HOUR
deoth			Female		Will			April 18,	1985		1:10 P
	3 SE	X	-	4 RACE BL	ACK	5. DATE C	DAY YEAR	6 AGE TIN YEARS LAST BIR		MONTHS DAYS	HOURS MIN.
Ca Ca	7a 8	Female IRTHPLACE (STATEO	R FORFIGN	76 CITIZEN OF W	HAT COUNTRY?	Apri		BALTIMORE CITY	YRS.	OFDEATH	11 38
ot one		COUNTRY		TO CHILLIA OF THE		MARRIE	D NEVER MARRIED TO DIVORCED	Charles	<u>k</u> coom	OI DEATH	M
Day I	1	ITY OR TOWN OF DI	1	(IF NOT IN SUCH F	FACILITY, GIVE STREET	ADDRESS)	PR OTHER INSTITUTION	17a USUAL OCCUPAT			OF BUSINESS OF
9	USU	Plata AL RESIDENCE (IF NU	RSING HOME OR		VE RESIDENCE BEFORE	E ADMISSION)	ospital			0 0	1.11
us mind to	13a S	lary land	13b COUN		La Plat	N	13d INSIDE CITY LIMITS? YES NO X	Route 2	ZIP CODE	200	046
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medico		VAS DECEASED EVE		MED FORCES?	6b. SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRI	:55		
t, the r	V	18 CAUSE OF DEA	TH (Enter onl	ly one couse per lir	ne for (g), (b), on	dic;	4. /			APPRO) BETWEEN	CMATE INTERVAL ONSET AND DEATH
event		PART I. DEATH		D 8Y: E CAUSE (0)	Non-	VU	ble tety	2	10/01/20		
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neil piesse remove to burial, cremation ijury, or ather troum	NO	gove rise to in couse (a), stat underlying cous	nmediate ling the se last.	(b) DUE TO, OR A	AS A CONSEQUE	ence of	NOT RELATED TO THE TERM	ninal disease or con	DITION GIVI	EN IN PART 1	0
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pp. of Health and Mental Hygiene prior to burial, cremation tem 21 is marked or Item 18 shows ony injury, ar ather troum	_	gove rise to in couse (a), stot underlying couse PART 2. OTHER SIGNATE OF OPER. 21a. ACCIDENT WAS UITOR CONTRIBUTING (IF EITHER NOTEY MET WATER AT WORK AT W. 22a.1 certify that (1).	IN COLORS OF DEAD COL	ONDITIONS CON 19b CONDITION 11b TIME OF I HOUR A.M. P.M. 21e PLACE OF (AT HOME STREET	AS A CONSEQUE ITRIBUTING TO I ON FOR WHICH INJURY MONTH D INJURY T FACTORY OFFICE, F	OPERATION AY. YEAR 19 ARM, EIC.)	211 LOCATION STREET	YES NO (X) RED (ENTER NATURE OF INJU	20b. IF YES IN CERTIF' YES	WERE FINDI YING CAUSES S	NGS USED SOF DEATH? NO STATE that (II (we) los couses stated
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he State Dept. of Health and Mental Hygiene prior to burial, crem RTANI: If Hem 21 is marked or Item 18 shows any injury, or ather t	_	gove rise to in couse (a), stot underlying coust underlying coust PART 2. OTHER SIGNATURE OF OPER. 21a. ACCIDENT WAS UNDER CONTRIBUTING (IF EITHER NOTIFY MEI AT WORK AT WORD AT WORK	INDERLYING OF THE PROPERTY OF	ONDITIONS CON 19b CONDITION 19b CO	AS A CONSEQUE ITRIBUTING TO I ON FOR WHICH INJURY MONTH D INJURY T FACTORY OFFICE, F deceased from	OPERATION AY. YEAR 19 ARM, EIC.)	211 LOCATION STREET 211 LOCATION STREET 19 d that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	YES NO NO NO RED (ENTER NATURE OF INJUDICAL STAL DIRECTOR PHYSIC	20b. IF YES IN CERTIFY YES	COUNTY COUNTY	STATE that (II (we) los couses stated SIGNED
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021		REGISTRAR		1	MED		EXAMINE	er's C	ERTIFIC	CATEO	FBEAT	HH	REG. N	١٥.		- (_
900		CEASED NAME E OR PRINT)	FIRST			WIDDIE			LAST		20	OF DATE	ESTI-	HINOM	DAY	YEAR	76. HOUR
EL S				stanc	ce	Loui	se	W.	imber:	lv			MATED	XX 9	7	1985	N
STRE	3. SEX		RACE	5 DA	TE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDAY	MONTH		IF UNDER		. DATE	CED	MONTH	DAY	YEAR	2d HOUR
	Fe	emale	White)-22-1		4 Oyrs	S. MONTE	DATS	HOURS	MIN P	DEAD	CED	9	7	1985	9:35 a
1		RTHPLACE (ST.	ATE OR	7b. CI	TIZEN OF WH.			MARRI	ED X NEV	VER MARRI	ED [] 9.	BALTIM	ORE CITY	OR COUN	ITY OF	DEATH	
1	Wa	shing		.C.	U	.S. A	1.	WIDOW		DIVORCE		Char:	les C	ounty	7,		MD
1	10. CI	TY OR TOWN O	OF DEATH		AME OF HOSP		RSING HOME,	OR OTH	R INSTITUT	TION		L OCCUP		YPE OF WORK		IND OF BU	SINESS
0/		Issue			Rt. 25	7 Ge	eneral		iver	Y	Ass			ery I			tore
	USUA 130. S	L RESIDENCE (IF IN NURSING HO		INSTITUTION, GIVE		OR TOWN		13d INSIDE CI	TV LIMITS?	13e STREE					0645	
2/		Md	. Cr	narle	es		ssue		YES 🗌	NO X	Gen	eral	De]	live	ry		
7.	14. FA	THER'S NAME		MIDDI			LAST		15 MOTHE	R'S MAIDE	NNAME		IDDLE			LAST	
\mathbb{Z}		James	Wesle	ey moot	Koval		5031			zabe	th	M	now the	Di	xon	5031	
П	16a. W	AS DECEASED	EVER IN U.S.	ARMED FO		166 SOC	CIAL SECURITY	NO.	17. INFORM	TMAN			ADDRES				
1	,,,	No	(11 123, 1	SIVE WAR OR	DATES	579	-58-6	639	Mark	Wim	berl	У	Same	as	#13	3	
		II CAUSE OF	DEATH (Ente	r only ane o	couse per line f	or (a), (b)), and (c).)								1	PPROXIMATE WEEN ONSET	INTERVAL
		PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Gunshot wound of head										Briv	WEEN ONSET	ANDUEATH			
00		(DUE TO, OR AS A CONSEQUENCE OF															
SEN		Conditions, if ony, which gave rise to immediate (b)															
ð		couse (o) stating the under- DUE TO, OR AS A CONSEQUENCE OF															
5		lying couse last.															
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).															
	CERTIFICATION																
1 3	CAT	19a. DATE OF	OPERATION		196. CONDITION FOR WHICH OPERATION WAS PERFORMED?								2D /	AUTOPSY?			
	TIE		p2.0						2.40			112				YES X	NO 🗌
5	_	21a EXTERNAL UNDERLYING			216. TIME OF I		DAY YEAR	21c HC	YAULNI W	OCCURRE	ENTER NA	TURE OF INJ	URY IN ITEM 1	S PART 1 OR P	ART 2)		
	MEDICAL	CONTRIBUTIN	G CAUSE	OF DEATH	? MX	9	7 19 85		bject	shot			100				
	AED	21d. INJURY O			21e PLACE OF				REET		about 1	CITY OR TOV	VN	cc	YTMUC		STATE
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		22a I certif	that I toak ch	arge of the	cumpins descr	ribed ab	we hadan	Autopy	NX.	Inspection		Inquiry	П。	ind in my o	noinia		
		death resulte		atural cous	111	Accident	W V home	177	-	ide K		mined mo		,			
				/	111		16	V	JITLE (SI	March 1981							
		ACTUAL SIGNATURE_	117	4	Uro	DB.	4) Mr	Wa	Acti		iefinic	AI FY AAA	INFR	DATE		9/8	/85
				1				1				, IL LAMM	II VEIN	NOIC		, ,	
1		EXAMINER'S N (TYPE OR PRIN	T)	Thoma	as D. S	mith	, M.D.		ADDRESS_	1	11 Pe	nn St	t. B	alto.	MD.		
-	23a.Bl	JRIAL, CREMAT	ION, REMOVA	L 236 DA1	TE	23c. N	NAME OF CEM	ETERY OF	CREMATO	RY	23d. LOC	ATION		COL	INTY		ATE
	(2	Bui	rial	9-	10-85	Ho	oly Gho	ost	Ch.	Cem.	Iss	ue (Charl	es N	Mary	yland	
		JNERAL DIRECT			ADDRESS					25a. DATE R							
	Ar	ehart	Funer	al H	lome . I	nc.	La Pla	ata.	Md T	MEH 1	0.44	0' 4	15.5	معلف	-	ALC:	

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	11-	FOR STATE		D			AND MENTAL	100	0 1	2 8	6 5		
267013	1.	REGISTRAR		MED	ICAL EXAM	INER'S	CERTIFICATE	DEVENTH	REG. NO.	3		4	
2010		CEASED NAME	FIRST		MIDDLE		LAST		E KNOWN	MONTH	DAY YEAR	26 HOU	
38.5.8 €	(111	E OK PKINI)	Ronni	e p	Paul	Wi	mberly	DEA:	H MATED	9	7 19 85		
ROHEA	3. SE	(4 RACE	5. DATE OF BIRTH	6 AGE (I	YEARS IF UP	DER TYR. IF UNDER			MONTH	DAY YEAR	2d HOU	
N ST H		Male	White	10-31-1	1944 LAST BIR		HS DAYS HOURS		UNCED AD	9	7 1985	9:35	
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		RTHPLACE (5)		7b. CITIZEN OF WH		1 8		9 BALL	IMORE CITY OF				
S S S S S S S S S S S S S S S S S S S		REIGN COUNTRY)	on, D.C.	Delin To the	S.A.		ED NEVER MARE	RIED 📙	_	-	7.5		
S NECESSARY PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS W PRESION STREET,		TY OR TOWN			PITAL, NURSING HO	WIDOW			arles Co		L KIND OF B	MI	
P HE AGE				(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRES	55]	eliverv	FOR MOST OF V	VORKING LIFE)		OR INDUS	TRY	
F AND DELAY IS NE AND 3 TO THE FUN RETAIN PAGE 5 F SHOULD BE FILED, W RECORDS, 201 W.		SSUE AL RESIDENCE	HE IN NURSING HOME O	Rt. 25			elivery	Plu	mber		Plumb:	ing	
2 × 2 × 3 × 3 × 3 × 3 × 3 × 3 × 3 × 3 ×		TATE	136. COUNT	ſΥ	13c. CITY OR TOWN	4	13d. INSIDE CITY LIMITS?				: 20645 very		
STA PAR		Md.		arles	Iss	ue	YES NO X		al Del:	iver			
# H-204//	14. F.	ATHER'S NAME		MIDDLE	tAST		TS. MOTHER'S MAID		MIODLE	700	LAST		
A SHOW AND THE		Durcy						th Eliz		Fish	er	5	
M MAGGAN	16a \	ES, NO, OR UNKNO	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES]	166. SOCIAL SECU		17 INFORMANT		ADDRESS				
A ANTHAR		No			215-44	-7465	Mark Wi	mberly	Same	as	#13		
1 2 mm		18 CAUSE O		y ane cause per line						1	APPROXIMATE	TE INTERVAL	
A SERVE		PARTIDE	ATH WAS CAUSED IMMEDIAT	E CAUSE (a) GU	nshot wou	nd of	head						
8 25 4 50		11-110-			AS A CONSEQUENC					2.	6-5		
AANA AANA AANA AANA AANA AANA AANA AAN			ns, if any, which be to immediate	(b)									
W WANTED		cause (a)	stating the under-	DUE TO, OR	AS A CONSEQUENC	E OF							
S SEE		lying cau	se iast.	(c)						1	1/6		
ECORDS, 2 BE EXECU INDING" II WEDICAL E AS A BURIL AS A		PART 2 OTHER SI	GNIFICANT CONDITIONS	ONTRIRUTING TO DEATH B	UT NOT RELATED TO THE T	ERMINAL DISEAS	E OR CONDITION GIVEN IN P	ART 1 (g).		-			
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L REO L REO L CR L CR	CERTIFICATION	190. DATE OF	OPERATION	196. CONDIT	ION FOR WHICH OF	PERATION W	'AS PERFORMED?				20 AUTOPSY	1?	
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REFICATE SHOULD NO THE WORD "PR SHOULD BE USED SHOULD BE USED SHORT OF HE PRICE TO BURIAL L	1 2		L CAUSE WAS	216 TIME OF			OW INJURY OCCURR	ED LENTER NATURE OF	INJURY IN ITEM 18 PA	RT 1 OR PART			
ON OF FICALE TO THE W FIRMEN OR TO	M	UNDERLYING	XOR NG CAUSE OF D	DEATH ? XXX	MONTH DAY YE		elf inflict	-ed					
DIVISION OF SCENTIFICATE STITING THE W POSED TO THE POSED TO THE POSED TO THE POSED TO THE POSED TO THE POSED TO THE WASTAMEN	MEDICAL	21d INTURY C	CCURRED	21e PLACE O	FINJURY (ATHOME	211. LO	CATION	20 PA		10.0			
De Series De Ser	2	WHILE T	NOT WHILE AT WORK		nome		257	ISSU		Ch	arles	STATE	
STA STA		THE PERSON NAMED IN										LID.	
#359HB	1	A CONTRACTOR		of the remains desc	1051	Autop	sy X, Inspectio			in my apin	ian		
EXAMI CERTIFIC WITH WARYLL		death results	rd from Natur	astering L	Actional L	Suicide L.	Hamicide	Undetermined	manner,				
X8555		ACTUAL	1	1/1 -	- X/1		Acting Chi	- F		DATE	0/	0/05	
SHEEK WA	1	SIGNATURE.	/	Hen	201 101	W. W.	Acting Chi	LETMEDICAL EX	AMINER	SIGNED.	9/	8/85	
NO SEE		EXAMINER'S	NAME	Thomas	D Smith	MD	111	Donn C+	Polto I	MD			
TO MEDICAL EXAMINE EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOR UNREST OF EUNBERT DIRECTOR AFTER DEATH WITH THE BALLTMORE MARYLAN	22.5	(TYPE OR PRI			D. Smith,			Penn St.		. עוי			
Fmg+40 /	23a.B		rial rial	9-10-85	23c NAME OF			23d LOCATION CITY OR TOWN		COUNTY		STATE	
07/B4 BP	24 5	UNERAL DIREC		3-10-83	, LOTA	GNOST	Ch. Cem				Maryla	and	
DHMH - 17	Z4 F	NAME NAME	T.	1 Home, I			ZSO. DATE	REC'D. BY REGIST	NAK 230 REGIS	IKAK S S	NATURE		
(VR A15 ME (5))	A.	renart	Funera	I Home, I	.nc. La	Plata	, Md .	0 000	34min	James .		4	

STATE OF MARYLAND

E SATAS and your colors and the dead with 39-17-2 TO THE WINDOWS OF THE STATE OF

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

	2	5	3	4	0
10					-

	REGISTRAR		CERTII	CATE OF DEATH	REG. NO.							
		FIRST	NIDDLE L	AST	20. DATE OF DEATH MO	NTH DAY YEAR	2b HOUR					
1	(TYPE OR PRINT)	larry FO	WLER	Wood, SR.	9	-14-85	2:00					
	3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHD.	MONTHS DAYS	(FUNDER 24 HRS.					
_	MALE	WHIT	E Sept		74	YRS MONTHS DATS	HOURS MIN.					
	70 BIRTHPLACE (STATE OR FOR	TEIGN 76 CITIZEN OF	WHAT COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH						
-	MARYLAND	U.S.			(harles		MD.					
1	10. CITY OR TOWN OF DEATH		OSPITAL, NURSING HOME O		120 USUAL OCCUPATION		F BUSINESS OR					
	La Plata	Physic	ians Memorial	Hospital	CONTRACTOR		EMPLOYE					
	USUAL RESIDENCE (IF NURSING			1134 INSIDE CITY LIMITS?	13e STREET ADDRESS / Z	IR CODE						
	MARYLAND	CHARLES	LAPLATA	YES NO X	P.O. BOX		16					
6	14 FATHER'S NAME			15 MOTHER'S MAIDEN NAM	ΛE	,						
Ø	CHARLES C	ORNELTUS	WOOD	MARY N	TGNONETTE.	FOWLER						
i	160 WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT wife	ADDRESS	FUWLER						
1	NO (YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	216-12-4110		OOD SAME	AS 13						
1		Enter only one couse per			roop onin		MATE INTERVAL					
	PART I. DEATH WAS	CAUSED BY.	CCUTE RESPT	RATORY APRE	B. 1111	213,61 413,0 00,413						
	1/4			MALUNI ANNE	9.4	We did to						
	Conditions, if ony, w		DUE TO, OR AS A CONSEQUENCE OF (b) CARCINOMA OF THE LUNGS METASTIC									
	gove rise to immed	diote										
		last DOL 10, O	R AS A CONSEQUENCE OF									
	PART 2 OTHER SIGNIE	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
0	190 DATE OF OPERATIO	ON 196 CONDI	TION FOR WHICH OPERATION	N WAS PERFORMED		b. IF YES, WERE FINDIN						
K	THE STATE OF THE S				YES NOTE	YES	NO [
0		HOUD	FINJURY M. MONTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM IB PART I OR PART 2)						
7	OR CONTRIBUTING CAL	JSE OF DEATH										
	(IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED	21e PLACE	OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY	STATE					
	WHILE AT WORK AT WORK	(AT HOME STR	EET, FACTORY, OFFICE, FARM ETC.)	SINCE	CITORIOWA	, 00.711	JIAIL					
				1								

220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on

mr

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

23d LOCATION

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

23a BURIAL, CREMATION, REMOVAL

Krishan Mathur, M.D.

Waldorf, Md.

Dr.	-	_	_	-	
рнмн		16	60M	7/84	

TO FUNERAL DIRECTOR:

should be detached the with the State Dept. (MPORTANT: If Hem.)

(VRA 15, 4)

BURTAL REST 24 FUNERAL DIRECTOR BOX 156 20601

23b. DATE

CITY OR TOWN

TA CHARLES MARYLAND

whie Davidson-Randala